#### STATE OF MAINE



# COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

Mail: 135 State House Station, Augusta, Maine 04333-0135 Office: 242 State Street, Augusta, Maine

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## STATEMENT OF SOURCES OF INCOME I M.R.S.A. §§ 1016-A et seq.

COVERING THE CALENDAR YEAR JANUARY 1, 2006 THROUGH DECEMBER 31, 2006

MAILING ADDRESS: 17 WINSLOW ROOM	Please check the appropriate box and fill in the District number.
CITY: Foremouth Me.	Member of the Senate, District
PHONE NUMBER: 2-7-781-3336	Member of the House, District 112

### GENERAL INSTRUCTIONS

1. Please file this statement with the Clerk of the House or the Secretary of the Senate by:

## 5:00 p.m. on February 15, 2007.

- The report covers you, your spouse, and your dependent children.
- 3. Report only specific sources of income. <u>Dollar amounts need not be listed</u>
- 4. Campaign contributions duly recorded as required by law need not be reported in this statement.
- 5. Attach additional sheets if needed. Label attachments with your name, address, and the date.
- Please sign on Page 4.
- 7. The completed statements will be posted as a 'pdf' on the Commission's website.
- 8. State law (1 M.R.S.A. § 1018) requires Legislators to file an updated statement with the Commission within 30 days of any change to the information relating to the preceding year. Additionally, the law (1 M.R.S.A. § 1016-B (2)) requires Legislators to make a supplementary statement to the Commission of any reportable liability within 30 days after it is incurred.

PLEASE KEEP A COPY OF THIS STATEMENT FOR YOUR FILES

Disclosure statements are made available to members of the public upon request.

Thank you for your cooperation.

2072876775

PART I. INCOME DERIVED FROM EMPLOYMENT BY ANOTHER. Name each employer from whom you received compensation of \$1,000 or more. Specify also the principal type of economic activity of each employer.

	Name of Employer				Principal Type of Economic
			<u>Address</u>	_	Activity of Employer
1	Rerised.	tusams	, From	Zars ale	przinces.
2	Sacial S	~ ~ W 63' my .			
3	Stale at	Maine -	L < 9:56	arun, d	127. 112.
PAI A.	Enter the name and ac	ldress of your business with a partnership, fir	s, if any, and list	the major areas of e	s who are self-employed.) conomic activity from which you derived ar business entity, list the major areas of
	Name and Address of Business Entity	Major Areas of (sel		<del>-</del> -	Major Areas of Economic Activity (partnership, association or similar business entity)
1	Rerried.				
2					<u> </u>
3		<u> </u>			
B.	derived such income.	greater, and specify the If this form of disclosi	e principal type o ure is prohibited	of economic activity by law, rule, or an election of the person from the perso	e than 10% of your gross income or of the entity or person from whom you established code of professional ethics, whom the income was derived.  Tincipal Type of Economic Activity of Entity or Person Who Is the Source of Income
1	Retired	Income F	ien Zar	e ar Fari	NRL bUSINRS.
2			·	,	
3			, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,	
	,	, <u> </u>			, , , , , , , , , , , , , , , , , , , ,
PAR pract	T III. MAJOR AREA ice. If associated with a	S OF PRACTICE. (	For Legislators or areas of practi	who are attorneys- ce of your firm.	at-law only.) List your major areas of
	Name and Address of I		Major Areas of (self)	Practice	Major Areas of Practice (firm)
1	Mar An a	ATTO + Ne ey.			· ,
2					
3					
					·

PART IV. OTHER SOURCES OF INCOME. Name each source of income of \$1,000 or more not listed in Parts I, II, or III of this form. Do not include gifts. If none, so state.

Name of Source	Address	Kind of Income
1. HOIK- STOCKS	i, marcial Fund!	3, COSL. (NOW ERA).
3. IRA-WiFe,		
PART V. DISCLOSURE OF RE \$3,000 or more that you received dur not list loans from a relative. If none,	ing the reporting period, and list the	at the names of creditors for any unsecured loans of major areas of economic activity of each creditor. Do
Name of Creditor	Address of Creditor	Principal Type of Economic
1. Hang.		Activity of Creditor
2		· · · · · · · · · · · · · · · · · · ·
3.		
	,	
PART VI. DISCLOSURE OF GI	FTS. Name the specific source of	each gift of more than \$300. Include gifts with an
aggregate value of more than \$200 Ho	m a single source. If none, so state.	
1. <u>Nanc.</u>	3	
2	4	
	ONORARIA. List the source of :	any honoraria accepted for appearances or speeches
1. None.	3. <u></u>	
2	4	
	BEFORE STATE AGENCIES	Identify each executive branch
1. No Ne.	3	
2	4.	

··-	None.	<u>.</u>	2	h executive branch agency to which you or a member of \$1,000 during the reporting period. If none, so state.
			MBERS OF IMMEDIA	
List the child(re	type of economic and the tenoric state of the tenor	activity representing	n h	of \$1,000 or more received by your spouse or depende
<u>Тур</u> <u>Rep</u> i	e of Economic Act esenting Each Sou Income Received	ivitv		Kind of Income
<u> </u>	Janc.x			
	Christel	(wife).	- IRA INCO	emt.
•				
	<u> </u>		<u> </u>	
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r	•	الله الله الله الله الله الله الله الله		
		~ ~ CREEK KREE	*************	<b>海班安安安班安安安安安安安安安安安</b>
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torney temen erest o inch o o willf	General. If the t or has willfull in every question f the Legislature fully fails to file	Commission do y filed a false sta n and shall be p c, and shall not	etermines that a Legatement, the Legisla recluded from votin	crime. If the Commission concludes that it t, it shall refer its findings of fact to the gislator has willfully failed to file a required for shall be presumed to have a conflict of og on any question in committee or in either the outcome of any question. A Legislator civil penalty not to exceed \$1,000, payable to